**PREREGISTRATION FORM**

Each registrant must submit a separate form (feel free to make as many copies of this form as needed).

Please abbreviate long names and affiliations the way you would prefer to see them on your badge.

RETURN THIS FORM BY FEBRUARY 14, 2003, to LPSC 2003, Lunar and Planetary Institute, Publications and Program Services Department, 3600 Bay Area Boulevard, Houston TX 77058-1113.

For registration information contact the LPI (phone: 281-486-2142; fax: 281-486-2160; e-mail: tanner@lpi.usra.edu).

**Registrant Information**

PLEASE PRINT CLEARLY.

LAST NAME ______________________  FIRST NAME ______________________  M.I. ______________________

AFFILIATION ______________________________________________________________________________________

ADDRESS (STREET) __________________________________________________________________________________

(CITY) ____________________________  (STATE) ____________________________  (ZIP) ____________________________  (COUNTRY) ____________________________

PHONE ____________________________  FAX ____________________________

E-MAIL ____________________________

Payment must accompany form. Cancellations with requests for refunds (less a $10.00 processing fee) will only be accepted through February 21, 2003.

Non-U.S. participants with a currency exchange problem may avoid the $20 late fee if they return this form by February 14, 2003, with a note that they will pay in cash at the meeting.

____ @ $55.00 Professional Registration through February 14, 2003  ____ @ $75.00 after February 14, 2003  $ ________

____ @ $30.00 Student Registration through February 14, 2003  ____ @ $50.00 after February 14, 2003  $ ________

FOR STUDENTS ONLY (check one):

I am a(n) ____ undergraduate  ____ graduate

____ @ $00.00 Working Press (BBQ dinner not included)  $ ________

Total Enclosed  $ ________

Please Indicate Method of Payment

☐ Check or money order payable to the Lunar and Planetary Institute (checks must be in U.S. dollars drawn on a U.S. bank).

☐ AmEx  ☐ VISA  ☐ MasterCard

☐ Cash  ☐ Traveler’s Check

Card Number ____________________________  Expiration Date ____________________________

Name As It Appears On Card ____________________________  (PLEASE PRINT)

(LPI USE ONLY)

Signature ____________________________  Authorization Code ____________________________